

FORM PTO-1083



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TECHNOLOGY CENTER R3700

VIA FIRST CLASS MAIL  
Case Docket No. 57111-5072  
Date: March 28, 2002

In re Application of:

Serial No.:

Filed:

For:

Mark SHOEN

09/557,459

April 24, 2000

FENDER HAVING OFFSET LIGHT HOUSING

Box Fee Amendment

Assistant Commissioner for Patents

Washington, D.C. 20231

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231, on March 28, 2002 by Michelle Daugherty.

Dear Sir:

Transmitted herewith is an Amendment and Request for Reconsideration in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ No additional fee is required.
- ☐ An additional fee of \$ \_\_\_\_\_ is enclosed to cover the extra claims fee.
- ☒ An additional fee of \$110.00 (large entity) is required for filing a Petition for an additional one-month Extension of Time under 37 C.F.R. 1.136 to

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ADDIT. RATE	ENTITY FEE	OR	OTHER THAN A SMALL ENTITY ADDIT. RATE	FEE
TOTAL	30	26	4	x 9	\$	OR	x 18	\$ 72.00
INDEP. CLAIMS	9	3	6	x 42	\$	OR	x 84	\$504.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			0	140	\$	OR	280	\$ 0.00
			TOTAL		\$	OR	TOTAL	\$576.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The fee has been calculated as shown below:

- ☒ Please charge Account No. 10-0440 the amount of \$686.00. A duplicate copy of this sheet is enclosed.
- ☐ Check in the amount of \$ \_\_\_\_\_ to cover the additional claims fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0440. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under Rule 1.136.

Respectfully submitted,

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